

No. 2  
-13-40  
-17-39  
X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31556

FILED OCT 10 1940

State File No. \_\_\_\_\_

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 225

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Fulton Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital #1 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 27 yrs, 21 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Macon  
 (c) City or town Macon  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME McCully, Velma  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 2 1918  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 62 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name William E. McCully  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name George E. McCully  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant State Hosp. #1 Records  
 (b) Address Fulton Mo.

17. (a) Burial (b) Date thereof 9-10-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Mo.

18. (a) Signature of funeral director Stephen A. Golding  
 (b) Address Macon, Mo.

19. (a) 9-10-40 (b) R. M. Crews  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 9th  
 year 1940 hour 10 minute 55 P.M.  
 21. I hereby certify that I attended the deceased 9/9/40  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw her alive on Sept. 9, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
 Due to \_\_\_\_\_  
 Due to 920

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration 15 min.  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) No.  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. F. Wood (M. D. or other) M.D.  
 Address State Hosp. #1 Fulton Mo. Date signed 9/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that ~~the~~ body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*C. L. Stephens*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*C. L. Stephens*

Licensed Embalmer No. ....

*3057*

P. O. Address.....

*Macon, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**